

Name  
in  
Full

Virgil Barnes

23  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

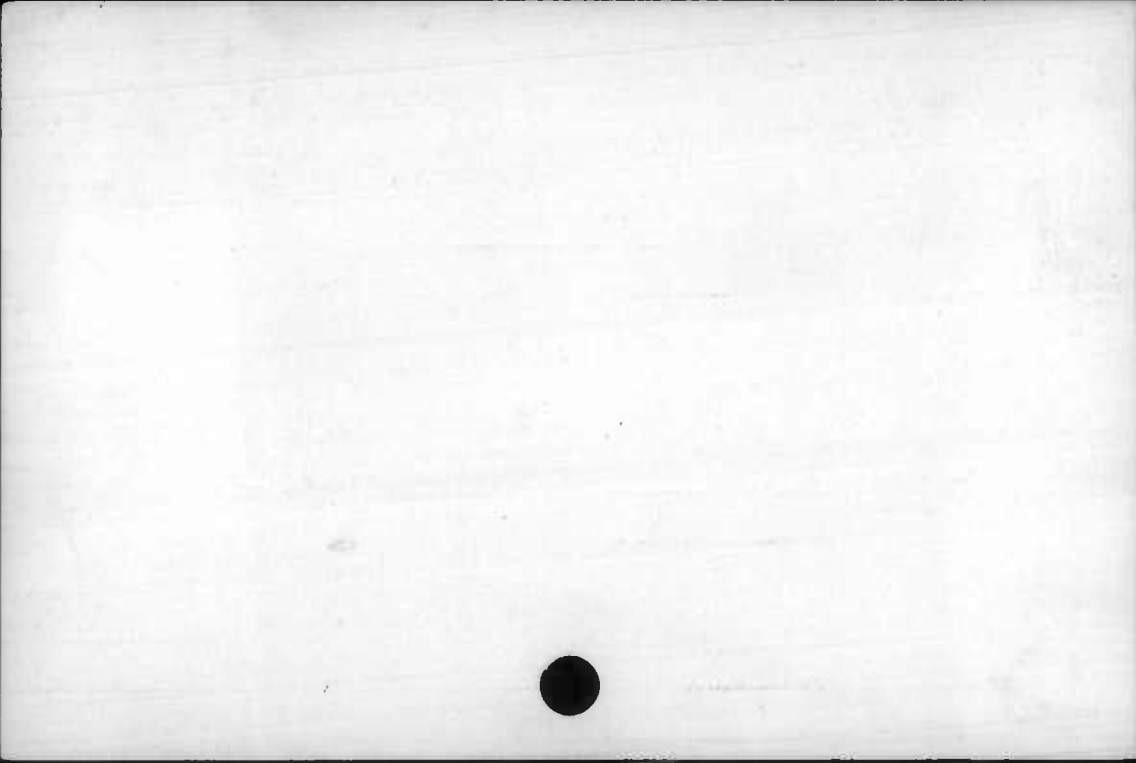
Died at		Town St. Leonards		County Calvert		MARYLAND	
Date of death		1909	Month October	Day 14	Age 65	Years 0	Months 0
Sex Male		Color or Race Colored		Birth-place St. Leonards			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Sarah Rebecca Barnes					
Father's Name Savy Barnes				Father's Birthplace St. Leonards, Md.			
Mother's Maiden Name Eliza Barnes				Mother's Birthplace St. Leonards, Md.			
Name of person giving information Sarah Rebecca Barnes				How related to deceased Wife			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Cerebral hemorrhage	How long	9 hours
Immediate	Syncope	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician George Peterson	
Address St. Leonards, Md.			
Accident or Suicide?			



Name  
in  
Full

Holiday Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Shuntingtown Calvert  
Town County

MARYLAND

Date of death 1909 Oct 15 Age 55  
Month Day Years

Months Days

Sex Male Color or Race Black Birth-place Cal. Co.

Occupation Farm laborer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Maria Johnson

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving Information Dr. Jenkins How related to deceased step son

## CAUSES OF DEATH

27

Primary Pulmonary tuberculosis How long 3 yrs

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. Leitch  
Shuntingtown,  
Md.PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George Buss*  
Town *Droyed* County *Calvert* MARYLAND  
Died at  
Date of death 1909 *Oct* *28* Age *13*  
Sex *Male* Color or Race *Colored* Birth-place *Calvert Co.*  
Occupation *Minion* Where Residing if not at place of death *Corz Rf*  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *James Buss* Father's Birthplace *Calvert Co.*  
Mother's Maiden Name *Mary Shump* Mother's Birthplace *Calvert Co.*  
Name of person giving Information *Thos. J. Hill* How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Drowning* How long *172* ✓  
Immediate  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *Thos. J. Hill*  
Address  
Accident or Suicide *Accident*



Name  
in  
Full

Compton Hreeland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death		1909	Month Oct.	Day 10	Age 16	Years	Months Days
Sex		Male		Color or Race Colored		Birth-place Calvert Co. Md.	
Occupation		Farm laborer		Where Residing if not at place of death		Near M. Kenton, Md.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Clement Hreeland				Father's Birthplace Anne Arundel Co. Md.	
Mother's Maiden Name		Rebecca Boony				Mother's Birthplace Anne Arundel Co. Md.	
Name of person giving Information		Joseph Green				How related to deceased Step Father.	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	12 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. M. Chaney	
		Address Chaney, Md.	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Frager</i>		County <i>Calvert</i>	
Date of death	1909	Month	<i>Oct</i>	Day	<i>24</i>
Age	<i>29</i>	Years	<i>10</i>	Months	<i>13</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Birth-place	<i>Calvert Co md</i>				
Occupation	<i>Cyrtman</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Samuel Gross</i>			Father's Birthplace	
Mother's Maiden Name	<i>Drusilla Taylor</i>			Mother's Birthplace	
Name of person giving information	<i>John F Gross</i>			How related to deceased	
			<i>Cousin</i>		

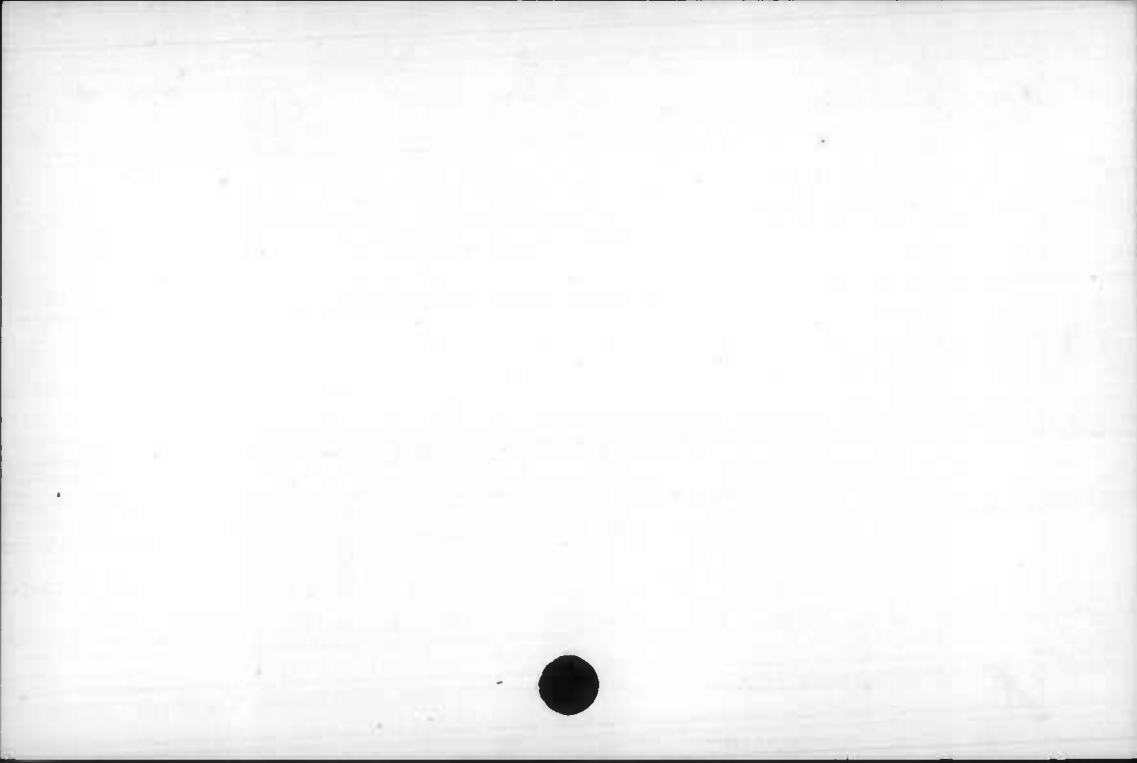
## CAUSES OF DEATH

27

✓

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>about 2 years</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>E. F. Chambers md</i>	
			Address	
			<i>Lesby Calvert Co md</i>	
Accident or Suicide?				



Name  
in  
Full

Charles Harrod

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Browned

Calvert

Date

Month

Day

Years

Months

Days

of death

1909 Oct 28 Age 18

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert Co.

Occupation

Mariner

Where Residing if not  
at place of death

Cove Point

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Richard Harrod

Father's  
Birthplace

Calvert Co.

Mother's  
Maiden Name

Suzanne Harrod

Mother's  
Birthplace

Calvert Co.

Name of person giving  
Information

Dr. J. Langford

How related  
to deceased

172

CAUSES OF DEATH

Primary

Drowning

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. J. Files Jr.  
Sotomom, Md.

Accident or Suicide

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER



Name  
in  
Full

CERTIFICATE OF DEATH

Charles Lutha Hill  
Town Calvert County

MARYLAND

Died at Drowned

Date of death 1909 Oct

Month 28

Age 21

Months 4

Days

Sex Male

Color or Race White

Birth-place Calvert Co

Occupation Mariner

Where Residing if not at place of death

Oliver

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Charles Hill

Father's Birthplace Calvert Co

Mother's Maiden Name Ella Lusby

Mother's Birthplace Calvert Co

Name of person giving Information William J Hill

How related to deceased Uncle

CAUSES OF DEATH

172

Primary Drowning

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

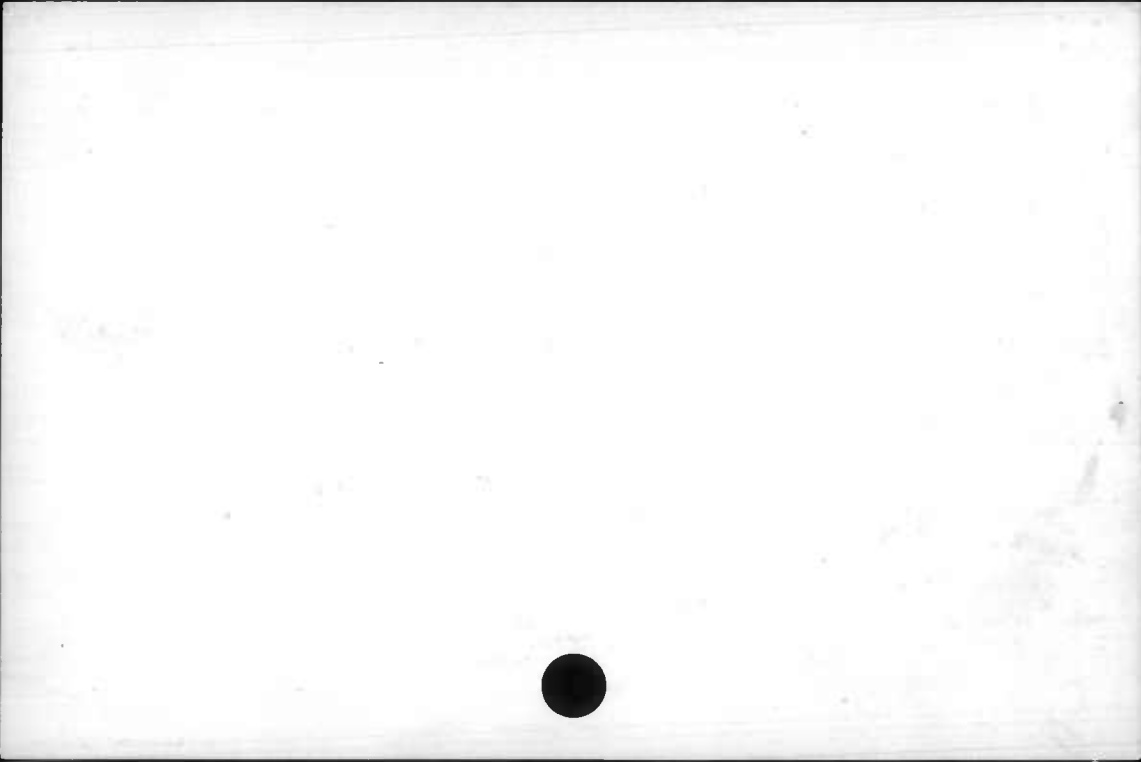
Thos Files Jr  
Solomon Bridge

Accident or Suicide

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solomons</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>	
Date of death <i>1909 Oct</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	Months <i>—</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Calvert Co md</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm Horner</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Maggie Dean</i>	Mother's Birthplace <i>St Marys Co</i>		
Name of person giving information <i>Maggie Horner</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

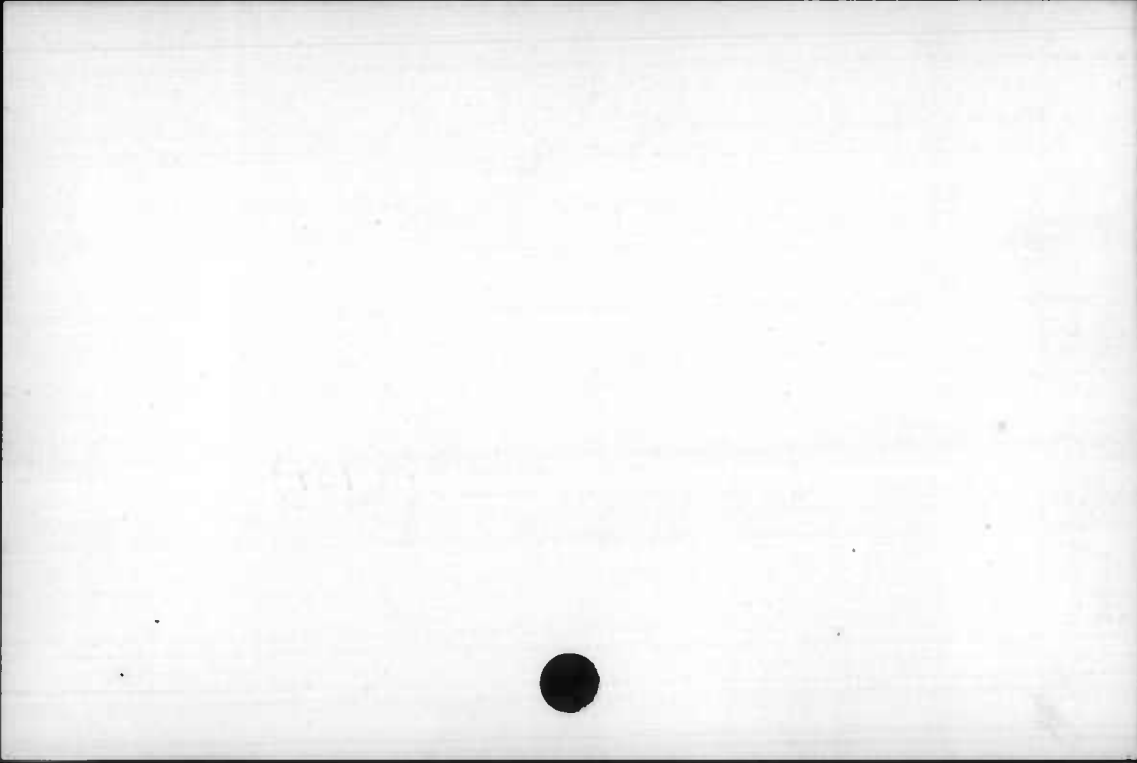
151

✓  
How long *2 days*

How long

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	Signature of Physician <i>Dr. F Chambers</i> Address <i>Sub. Registrar Bldg Lusby Calvert Co md</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Accident or Suicide? <i>—</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

Benson Jacks

Town

County

MARYLAND

Died at

Lo. Manaboro

Calvert

Date

of death

1909 Oct.

Day

9

Age

Years

47

Months

Days

Sex

Male

Color or  
Race

Mulatto

Birth-  
place

Calvert Co

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
Husband

Laura Jacks (dead)

Father's  
Name

John Thomas

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Mary Jacks

Mother's  
Birthplace

" "

Name of person giving  
Information

John Ross

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Valvular dis. of Heart

How long

3 months

Immediate

Same

How long

Suddenly

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

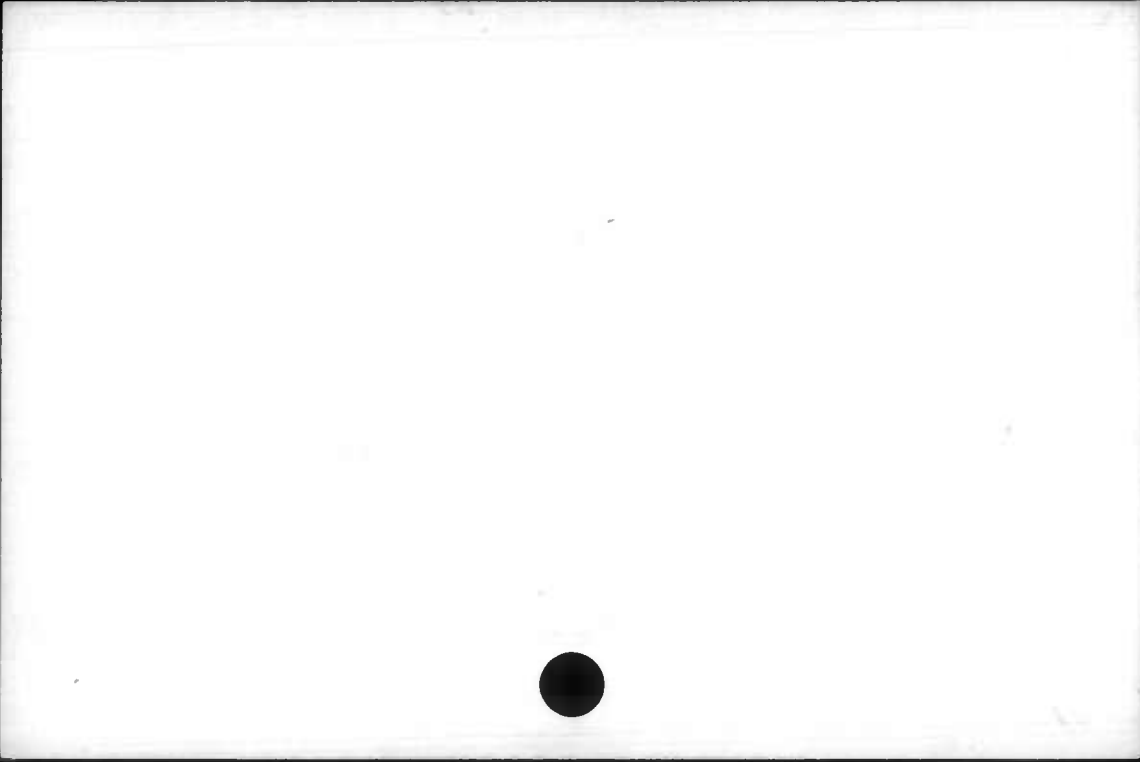
Address

E. H. Niman,  
Lo. Manaboro,  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

79



Name  
in  
Full24  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

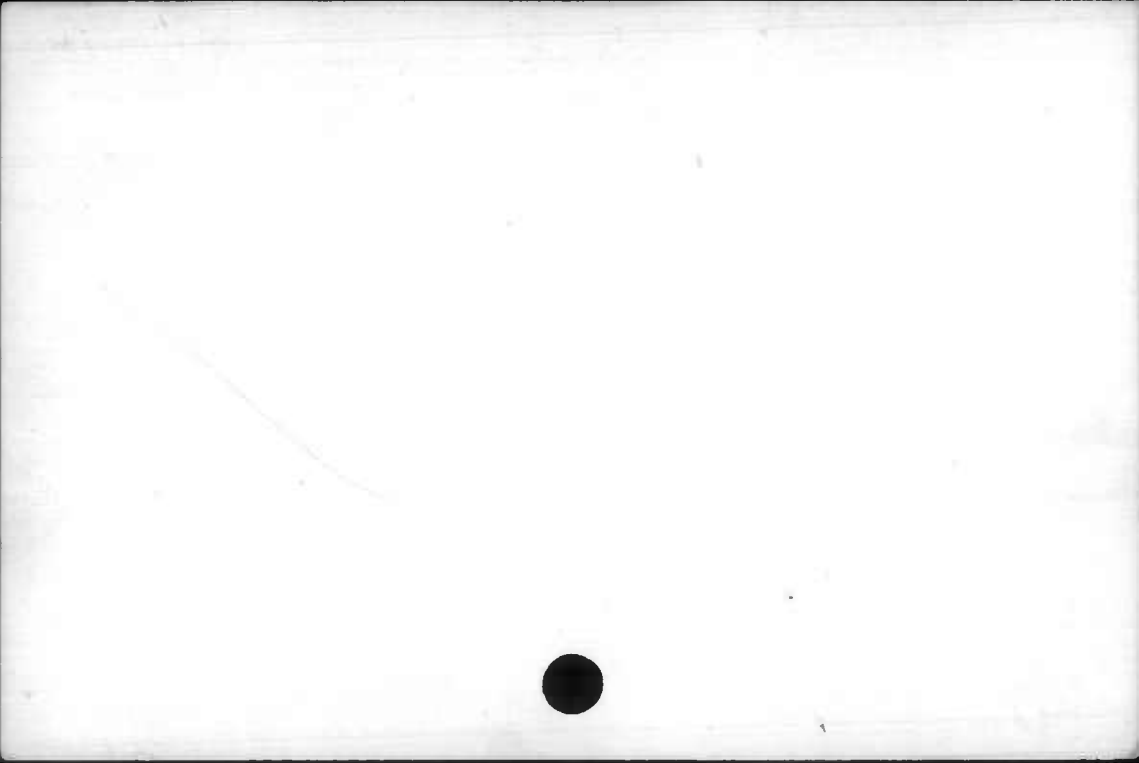
Died at <i>Brookside Island</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>18</i>		Age <i>36</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bridgeton, Del.</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rerdy Jones</i>					
Father's Name <i>James R. Morris</i>		Father's Birthplace <i>Del.</i>					
Mother's Maiden Name <i>Mollie Jones</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving Information <i>Rerdy Jones</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Acute Pul</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Brown</i>
<i>Yes</i>	Address <i>Brookside Island</i>
Accident or Suicide	<i>Brookside</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

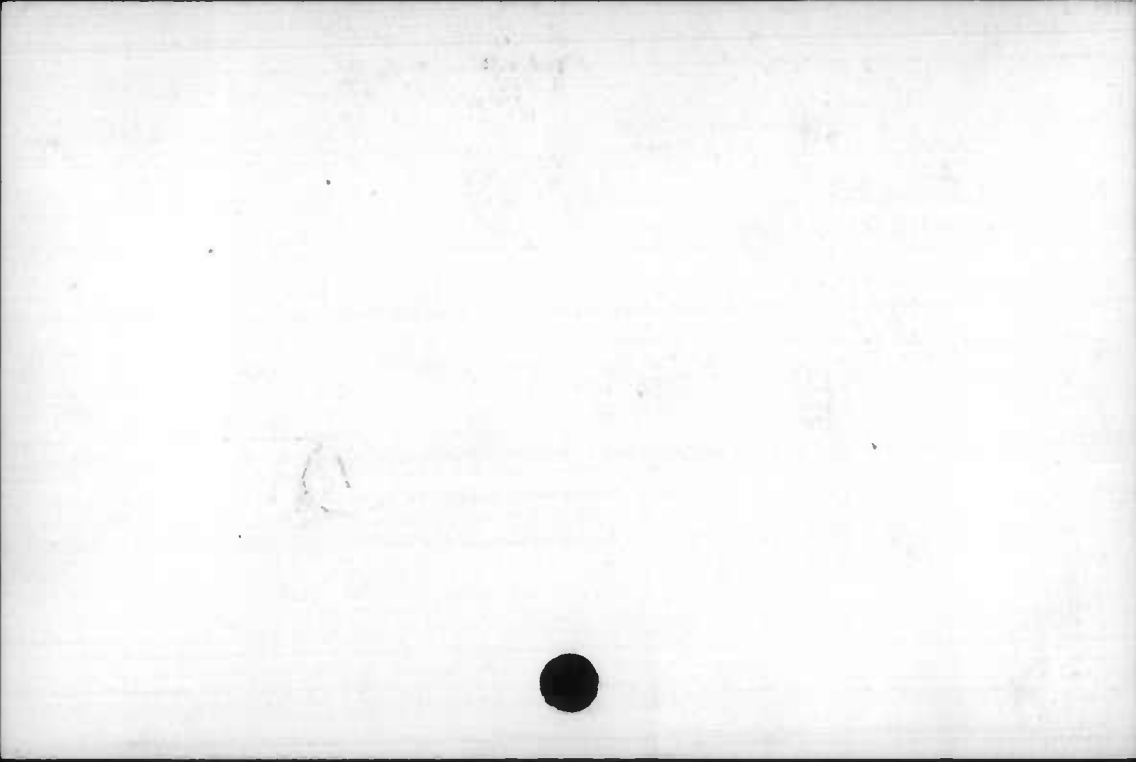
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Corv</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	3	Age	17
Sex	male		Color or Race	Colored		Birth-place	Calvert Co md
Occupation	Oysterman			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	Miles Key				Father's Birthplace	Calvert Co md	
Mother's Maiden Name	Maggie Cherry				Mother's Birthplace	Calvert Co md	
Name of person giving information	Tom Fogle				How related to deceased	Slip father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>		How long	<i>about 3 weeks</i>
Immediate	<i>Prostration</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Dr. F. Chambers</i>
			Address	<i>Lesby, Calvert Co, md</i>
Accident or Suicide?				



Name  
in  
Full

*Myron Child - Supt Parson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hellins* Town *Culbert* County  
Date of death *1909* Month *Oct* Day *2* Age *—* Years *—* Months *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *—*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Sydney Parson* Father's Birthplace *Culbert Md*  
Mother's Maiden Name *Eliza Bond* Mother's Birthplace *Culbert Md*  
Name of person giving Information *Sign Parson* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Unknown* How long *—*  
Immediate *—* How long *—*

Are the name, age, sex, color, data and place correctly given above?

*yes*

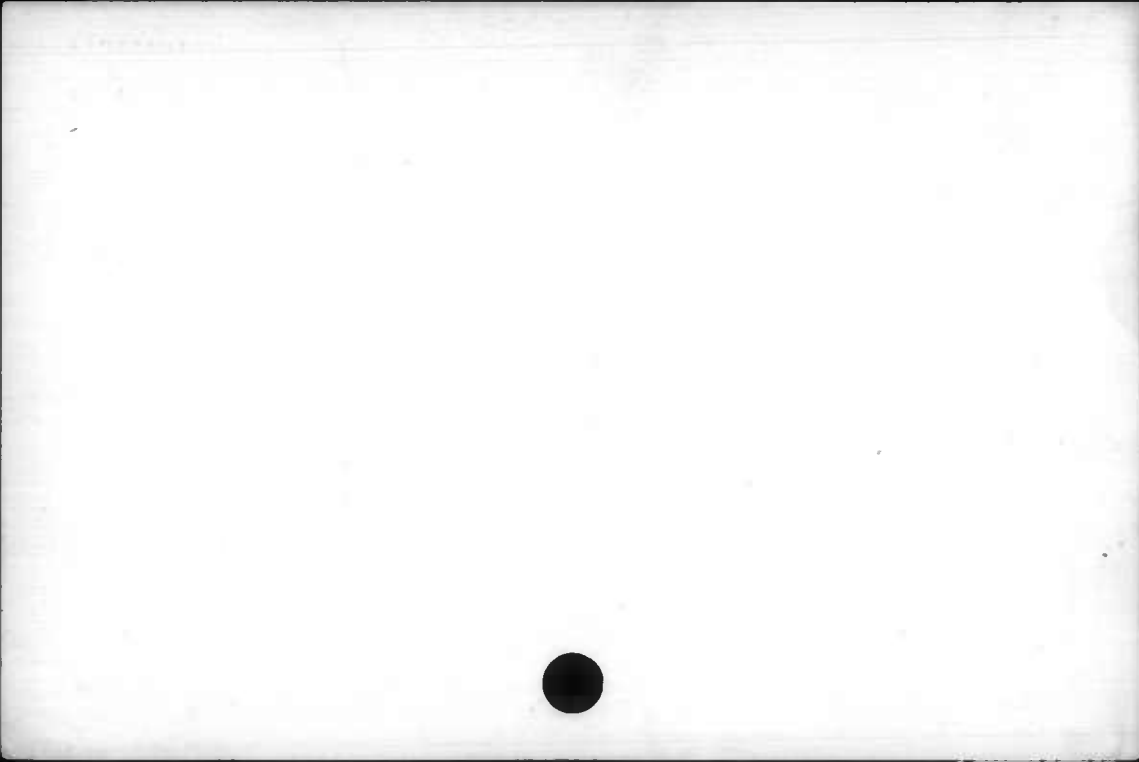
Signature of Physician

Address



*R Parson*  
*—*

Accident or Suicide *—*





Name  
in  
Full

Mrs Jane Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

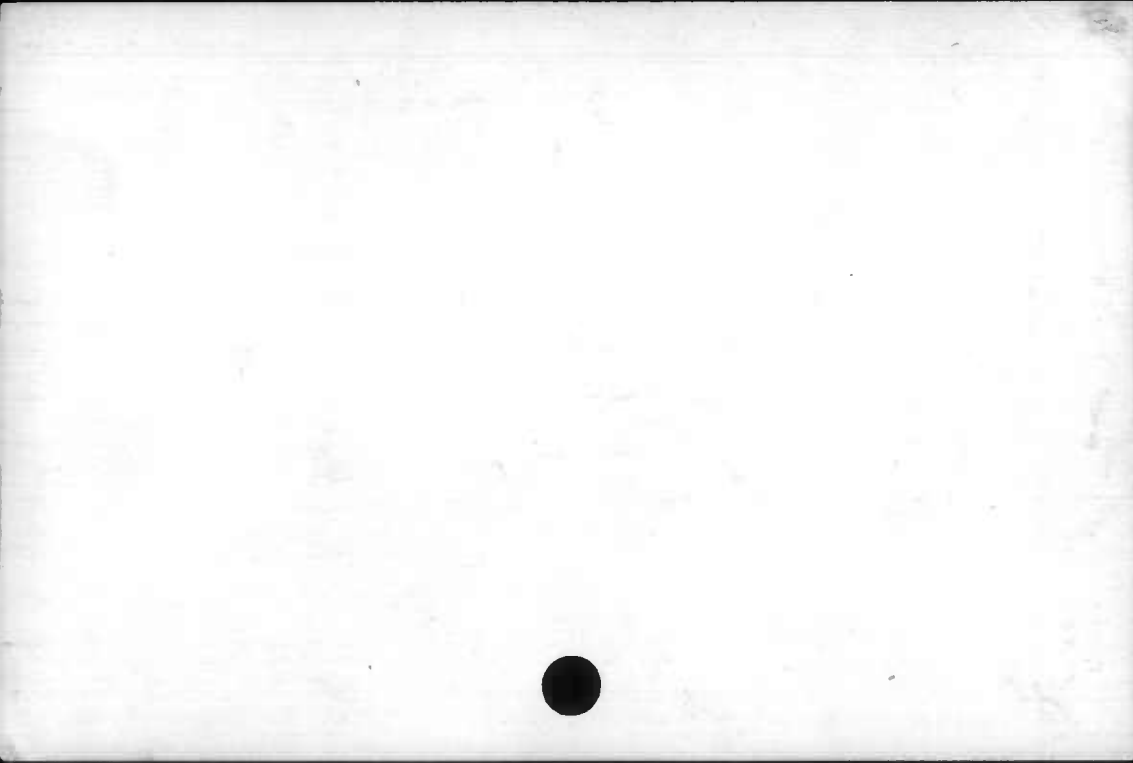
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		October	14	Age	✓		
Sex	Female	Color or Race	Colored		Birth-place	Calvert Co. Md.	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband James Rice				
Father's Name	James Emerson				Father's Birthplace	Calvert Co. Md.	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Alexander Green				How related to deceased	Not related	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. H. Chaney M.D.
Yes		Address	Chaney, Md.
8 Accident or Suicide			



Name  
in  
Full

Thomas Savoy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Olivet</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>47</i>	Months — Days —
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co Md</i>		
Occupation <i>Cyclistman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E Johnson</i>			
Father's Name <i>Henry Savoy</i>		Father's Birthplace <i>Calvert Co Md</i>			
Mother's Maiden Name <i>Chaney Jones</i>		Mother's Birthplace <i>Calvert Co Md</i>			
Name of person giving information <i>Margaret Savoy</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>about one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F Chambers</i>
	Address <i>Lusby Calvert Co Md</i>
Accident or Suicide? <input type="checkbox"/>	

